

Name
in
Full

Mrs Lula J. Alexander,
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at Hagerstown Wash.

Date of death 1909 Nov 5

Age 24

Months 5 Days 8

Sex female

Color or Race white

Birth-place Md.

Occupation N. W.

Where Residing if not at place of death

Married, Single or Widowed married

Name of Wife or Husband Charles R. Alexander.

Father's Name Berry Brown

Father's Birthplace Md.

Mother's Maiden Name Not known

Mother's Birthplace Md.

Name of person giving Information Chas. R. Alexander

How related to deceased husband.

CAUSES OF DEATH

Primary Typhoid fever
Immediate " "

How long Six weeks
How long Six weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address



Chas. R. Dwyer

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER

L.M. Suter and Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles M Bair ^{*still born*}
Town *Hagerstown* County *Washington* MARYLAND
Died at
Date of death 190 *9* Month *11* Day *12* Age *—* Years *—* Months *—* Days *—*
Sex *Male* Color or Race *White* Birth-place *MD*
Occupation *—* Where Residing if not at place of death *—*

Married, Single *—* or Widowed *—* Name of Wife or Husband *—*
Father's Name *Charles M. Bair* Father's Birthplace *MD*
Mother's Maiden Name *Sannie L Smith* Mother's Birthplace *MD*
Name of person giving Information *Charles M. Bair* How related to deceased *Father*

CAUSES OF DEATH

Primary *Premature Birth*

How long *—*

Immediate *—*

How long *—*

Are the name, age, sex, color, date and place correctly given above? *gr*

Signature of Physician

Address

E. A. Mansham
Hagerstown MD

~~Accident or Suicide~~

PHYSICIAN
OR CORONER

L. M. Watkins

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Guy E. Beeler* Town *Hagerstown* County *Wash.*

Died at *Hagerstown* *Wash.*

Date of death 190 *9* Month *11* Day *12* Age *20* Years *6* Months *4* Days

Sex *male* Color or Race *white* Birth-place *Md.*

Occupation *Merchant*

Where Residing if not at place of death

Married, Single or Widowed *single*

Name of Wife or Husband

Father's Name *Frank E. Beeler*

Father's Birthplace *Md*

Mother's Maiden Name *Annie Keadle*

Mother's Birthplace

Name of person giving Information *F. E. Beeler*

How related to deceased *Father*

CAUSES OF DEATH

159

Primary

Pistol wound

Immediate

Found dead in bed

How long *Several hours*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

O. W. Pagan, Hagerstown Md.

Address

PHYSICIAN
OR CORNER

~~Intoxication~~ Suicide

L.M. Suter & Son

Name
in
Full

CERTIFICATE OF DEATH

George Luther Bonebrake

Town

County

MARYLAND

Died at Hagers town

Washington

Date

of death 1909

Month

11

Day

11

Age

Years

63

Months

2

Days

9

Sex

Male

Color or
Race

White

Birth-
place

Pa

Occupation

Retired

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Samtha P. Heepner

Father's
Name

Danill Bonebrake

Father's
Birthplace

Pa

Mother's
Maiden Name

Rebecca Overcash

Mother's
Birthplace

Pa

Name of person giving
Information

Mrs Bonebrake

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Valvular Heart trouble

How long

some years

Immediate

Shock

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E. G. Wankam
109 N. 1st St.
Hagerstown

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

L. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John A. Cole* Town *Charlton* County *Wash.* MARYLAND

Died at *Charlton* Date of death 1909 *11* Month *28* Day *41* Age *10* Months *14* Days

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Farmer* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Single* Name of Wife or Husband *Eurtrude Trumfower*

Father's Name *Henry Cole* Father's Birthplace *Pa*

Mother's Maiden Name *Nancy Suffacool* Mother's Birthplace *Md*

Name of person giving Information *Wife* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

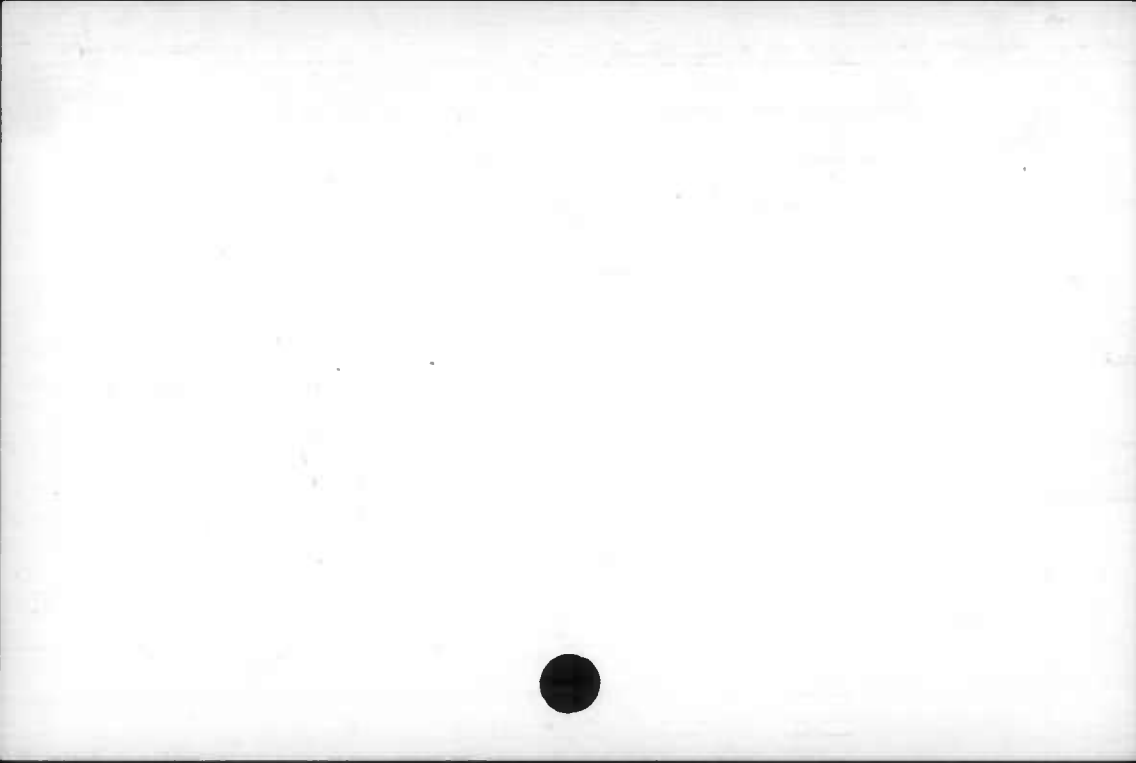
Primary *Dysphoria Fever* How long *two weeks*

Immediate *Intestinal Hemorrhage* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. D. Perry*

Address *H. C. Leasing Md.*

Accident or Suicide



Name
in
Full

David Charles Copes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamport</i>		County <i>Washington</i>		MARYLAND	
Date of death	1909	Month	Nov	Day	10
Age		Years		Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Williamport Md</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Charles Hamilton Copes</i>		Father's Birthplace <i>Massville Md</i>			
Mother's Maiden Name <i>Corra Virginia Shuflet</i>		Mother's Birthplace <i>Locks Rocco</i>			
Name of person giving Information <i>C. H. Copes</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>Two days</i>
Immediate	<i>Exhaustion</i>	How long	<i>Few hours.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>ye.</i>		<i>W S Richardson</i>	
Address		<i>Williamport Md.</i>	
Accident or Suicide		<i>No.</i>	

Nov. 11th 1909

J. F. Kells

Undertaker

Wisbh Ma

Entered in Review Cemetery



Name
in
Full

CERTIFICATE OF DEATH

Harry E Corderman

Town

County

MARYLAND

Died at Hagerstown

Wash.

Date

of death

190

9

Month

11

Day

24

Age

Years

—

Months

7

Days

14

Sex

male

Color or
Race

white

Birth-
place

MD.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

— X — X —

Father's
Name

Oscar M. Corderman

Father's
Birthplace

MD.

Mother's
Maiden Name

Bessie Eader

Mother's
Birthplace

Name of person giving
Information

Oscar Corderman

How related
to deceased

Father.

CAUSES OF DEATH

92

Primary

Broncho Pneumonia & Dehydration

How long

brief

Immediate

Exhaustion

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. Preston Miller

Address

Hagerstown, Md.

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

L.M. Senter & Son

Name
in
Full

Frank L. Cramer

CERTIFICATE OF DEATH

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND
Date of death 1909 ^{Month} 11 ^{Day} 30 ^{Years} Age 35 ^{Months} ^{Days}

Sex ^{male} Color or Race ^{white} Birth-place ^{Md.}

Occupation ^{clerk} Where Residing if not at place of death

Married, Single or Widowed ^{married} Name of Wife or Husband ^{Edna Cramer}

Father's Name ^{Lewis King}

Father's Birthplace ^{Md.}

Mother's Maiden Name ^{Not Known}

Mother's Birthplace ^{Not Known}

Name of person giving Information ^{Daniel Cramer}

How related to deceased ^{foster-father.}

CAUSES OF DEATH

Primary ^{Tuberculosis}

How long ^{3 months}

Immediate ^{Exhaustion}

How long ^{3 days}

Are the name, age, sex, color, data and place correctly given above? ^{Yes}

Signature of Physician

Address

Accident or Suicide

^{H. H. Dent}
^{Hagerstown}
^{Md.}

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

L. M. Suter & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greencastle</i> Town <i>Franklin Pa</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>22</i>	Years <i>54</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>West Virginia</i>	Months <i></i> Days <i></i>
Occupation <i>House Keeper</i>	Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>E. W. Arthur</i>		
Father's Name <i>Colbert</i>	Father's Birthplace <i>Ohio</i>		
Mother's Maiden Name <i>Unkown</i>	Mother's Birthplace <i>Ohio</i>		
Name of person giving information <i>E. W. Arthur</i>	How related to deceased <i>husband</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>3 yrs</i>
Immediate <i>Uremic Coma</i>	How long <i>8 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. M. McLaughlin</i>
	Address <i>Greencastle Pa</i>
Accident or Suicide? <i></i>	

N. S. Detrich

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Still Born</i>		Town <i>Draw</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>Nov.</i>		Day <i>4</i>		Years <i>1909</i>	
Date of death <i>1909 Nov.</i>		Age <i>4</i>		Months <i>1</i>		Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birthplace <i>Hagerstown Md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Charles B Drew</i>		Father's Birthplace <i>Shawnee 1st W Va</i>					
Mother's Maiden Name <i>Nannie E Jackson</i>		Mother's Birthplace <i>Duffalo W Va</i>					
Name of person giving Information <i>Charles B. Drew</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Prematurely</i>	How long <i>1 mo</i>
Immediate <i>Furine Respiration</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. B. Wilson</i>
Accident or Suicide <i>no</i>	Address <i>Hagerstown Md.</i>

~~Edmond~~
Half-Way

J. K. Laflaman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John W. Ecker

Died at *Kendysville* Town *Washington* County *State*
MARYLAND

Date of death 1909 *11* Month *10* Day Age *72* Years *3* Months *5* Days

Sex *Male* Color or Race *White* Birth-place *Washington Co*

Occupation *Carpenter* Where Residing if not at place of death _____

~~Married~~, Single Name of Wife or Husband _____

Father's Name *John Ecker* Father's Birthplace *Fred Co*

Mother's Maiden Name *Miss Busen* Mother's Birthplace *Don't know*

Name of person giving Information *Krant-Wyand* How related to deceased *Nephew*

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary *Ulcer of Stomach* How long *2 years*

Immediate *Pyloric Obstruction* How long *2 months*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Richard H. Rice M.D.*

Address *Kendysville Md*

Accident or Suicide

L E Sumner & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catharine M Egan
Town *Hagerstown* County *Washington* MARYLAND
Died at
Date of death 190 *9* Month *11* Day *9* Age *65* Years Months Days
Sex *Female* Color or Race *White* Birth-place *W Va*
Occupation *House work* Where Residing if not at place of death *—*
Married, Single or Widowed *Widow* Name of Wife or Husband *P. G. Egan*
Father's Name *Christopher Montague* Father's Birthplace *Ireland*
Mother's Maiden Name *Catharine C Melica* Mother's Birthplace *Ireland*
Name of person giving Information *Lella E Long* How related to deceased *Daughter*

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary *Diabetes* How long *Some weeks*
Immediate *Gangrene* How long *Same weeks*
Commenced on great toe of right foot, involving gradually the limb to the knee.
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *Geo J Doyle*
Address *—*
Accident or Suicide *—*

Copy made
from Hill

A.K. Coffman.

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death

1909

11

3

Age

29

Sex

female

Color or
Race

white

Birth-
place

W. Va

Occupation

H. W.

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of
Husband

John Elliott

Father's
Name

Thos J Pierce

Father's
Birthplace

Penns.

Mother's
Maiden Name

Ruth Kidwell

Mother's
Birthplace

W. Va

Name of person giving
Information

Mr J. J. Pierce

How related
to deceased

father

CAUSES OF DEATH

27

Primary

Pulmonary and large vessel embolism

How long

see year

Immediate

Exhaustion

How long

3 mos

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. M. Wark
Hagerstown - Md.

Accident or Suicide

PHYSICIAN
OR CORNER

L.M. Suter & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elsie A. Eyler

Town

County

MARYLAND

Died at

Hagers town Washington

Date

Month

Day

Years

Months

Days

of death

1909 11 20 Age 27

Sex

Female

Color or
Race

White

Birth-
place

MD

Occupation

Housework

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Wm H. Eyler

Father's
Name

Jacob S. Eakyle

Father's
Birthplace

MD

Mother's
Maiden Name

Mary M. D. Sperow

Mother's
Birthplace

Va

Name of person giving
Information

Jacob S. Eakyle

How related
to deceased

Father

CAUSES OF DEATH

132

PHYSICIAN
OR CORONER

Primary

Uterine Infection (Salpingitis)

How long

3 wks

Immediate

Septicemia

How long

one week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. M. Wark -

Address

Stagnum

Developed peritonitis two days

Accident or Suicide previous to death.

L.M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town *Hagerstown*

County

Wash.

MARYLAND

Date

of death

1909

Month

11

Day

14

Age

Years

Months

2

Days

Sex

*Female*Color or
Race*white*Birth-
place*Md.*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*J. F. Freigley*Father's
Birthplace*Md.*Mother's
Maiden Name*Mary E. O'Connell*Mother's
Birthplace*W. Va.*Name of person giving
Information*J. F. Freigley*How related
to deceased*father*

CAUSES OF DEATH

151

Primary

Myocardium

How long

Two weeks

Immediate

Spasmodic

How long

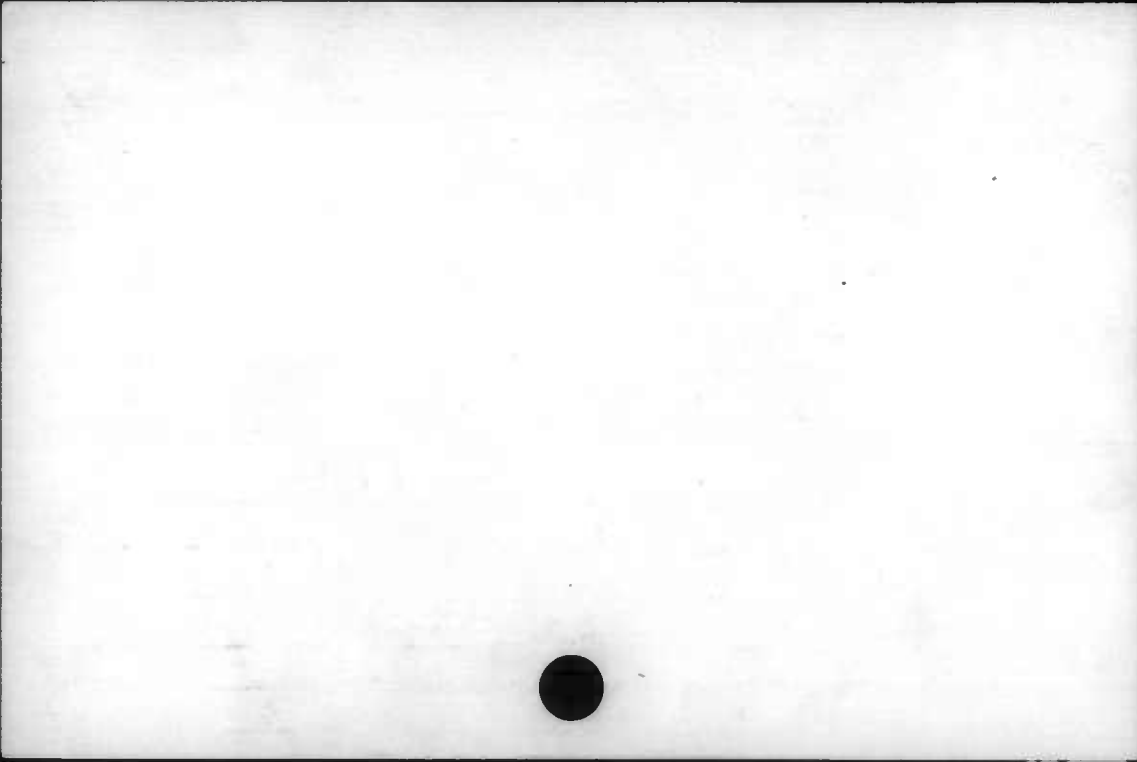
*10 mins*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*J. E. Pitzer H.C.
Hagerstown
Md.*

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

Ramon Galliano

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County <i>Wash.</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Nov</i>		Day <i>28</i>		Age <i>26</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Mangavillo Cuba</i>			
Occupation <i>Student</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband _____					
Father's Name <i>Not Known</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Max Drinn</i>		How related to deceased <i>none</i>					

PHYSICIAN
OR CORONER

Primary Cause of Death <i>Canned meat (said to be Salmon)</i>		How long <i>175</i>	
Immediate Cause of Death <i>Stomach Poison</i>		How long <i>30 hours</i>	
Immediate Cause of Death <i>Heart Failure</i>		How long <i>one hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. S. Herman</i>	
Accident or Suicide		Address <i>Hagerstown Md.</i>	

L.M. Suter & Son

Name
in
Full

Paul Elmer Hammer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{man} <i>man</i> Town <i>Kerolysville</i> County <i>Washington</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>11</i>	Day <i>25</i>	Age <i>—</i> Years <i>—</i> Months <i>1</i> Days <i>16</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Wash Co Md</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Jos. H. Hammer</i>	Father's Birthplace <i>Wash Co Md</i>		
Mother's Maiden Name <i>Anna Ruth Brown</i>	Mother's Birthplace <i>Wash Co Md</i>		
Name of person giving information <i>Wm H. Hammer</i>	How related to deceased <i>Grand Father</i>		

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Acute Capillary Bronchitis</i>	How long <i>about 4 hours</i>
Immediate <i>" " " "</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. H. Gardner</i>
	Address <i>Washington Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

Died at *Meruton* Town *Washington* County *MARYLAND*

Date of death 190 *9* Month *11* Day *11* Age *95* Years Months *4* Days *2*

Sex *Female* Color or Race *White* Birth-place *M. D.*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed*Name of Wife or
Husband*Samuel Hines*Father's
Name*Unknown*Father's
Birthplace*M. D.*Mother's
Maiden Name*Catharine Norris*Mother's
Birthplace*M. D.*Name of person giving
Information*Edward M. Hines*How related
to deceased*Grand Son*

CAUSES OF DEATH

154

Primary

General Debility

How long

For years

Immediate

How long

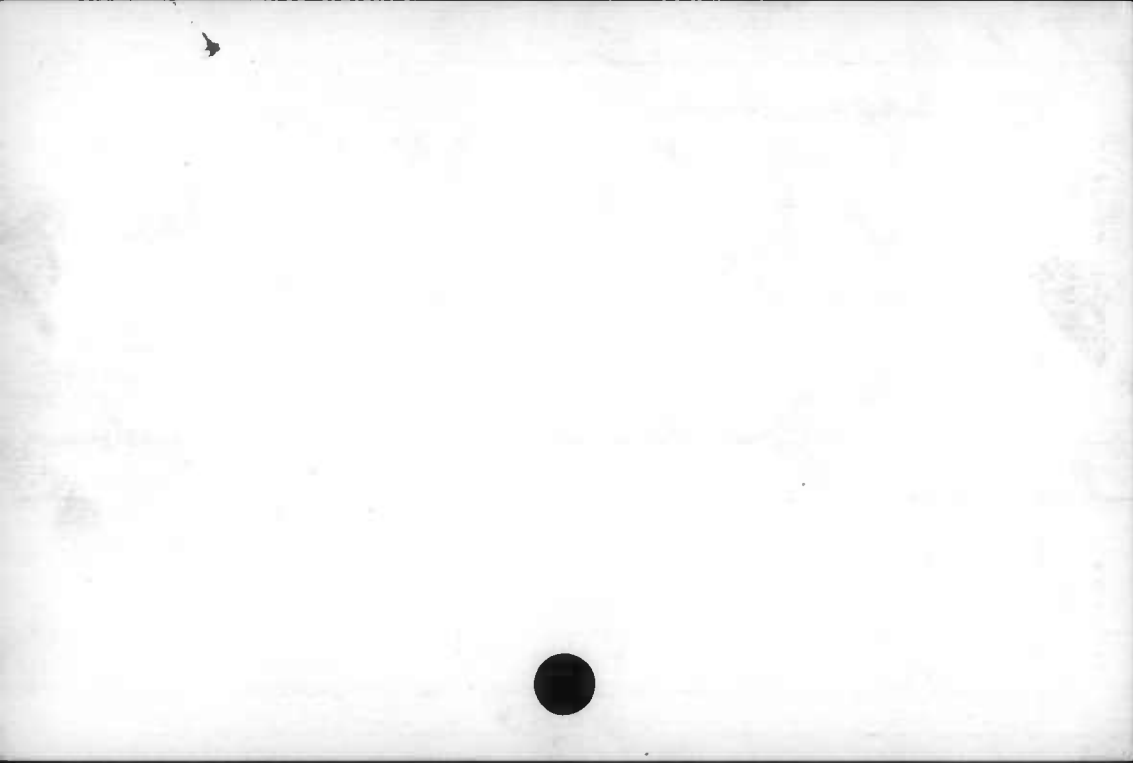
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

J. T. Yountie
Brownsville
M. D.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mrs Mabel J. Hoose
Town Wash. County

MARYLAND

Died at Hagerstown

Date of death 190 9 11 8 Age 24 Months 2 Days

Sex female Color or Race white Birth-place Md

Occupation H. W. Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband J. Roy Hoose

Father's Name Wm W. Smith Father's Birthplace Md

Mother's Maiden Name Fannie R. Boward Mother's Birthplace "

Name of person giving Information Roy Hoose How related to deceased Husband

CAUSES OF DEATH

93

Primary Pneumonia How long 3 weeks

Immediate Heart Failure How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. H. Schindler, M.D.

Address Hagerstown, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER

L.M. Suter & Son

in
FullTO BE ANSWERED BY
NEAREST FRIEND

No Name -

Haupt

CERTIFICATE OF DEATH

Died at <u>Brownboro</u>		Town <u>Wash.</u>		County		MARYLAND	
Date of death	1909	Month	Nov	Day	19	Age	still born
Sex	Female		Color or Race	White		Birthplace	Brownboro
Occupation	none		Where Residing if not at place of death		Brownboro		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Francis Haupt					Father's Birthplace	Wash. Co
Mother's Maiden Name	Delia Easterday					Mother's Birthplace	" "
Name of person giving information	Francis Haupt					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born	How long	—
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. S. Davis
		Address	Brownboro Md
Accident or Suicide?			

Brining & Bast
undertakers

Name
in Full

Amy J. Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Meriton* Town *Washington* County **MARYLAND**
 Date of death 190 *9* Month *11* Day *2* Age *13* Years *2* Months *23* Days
 Sex *Female* Color or Race *African* Birthplace *MD*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____
 Father's Name *Ernest Jackson* Father's Birthplace *MD*
 Mother's Maiden Name *Effie Brackett* Mother's Birthplace *MD*
 Name of person giving information *Ernest Jackson* How related to deceased *Father*

CAUSES OF DEATH

27

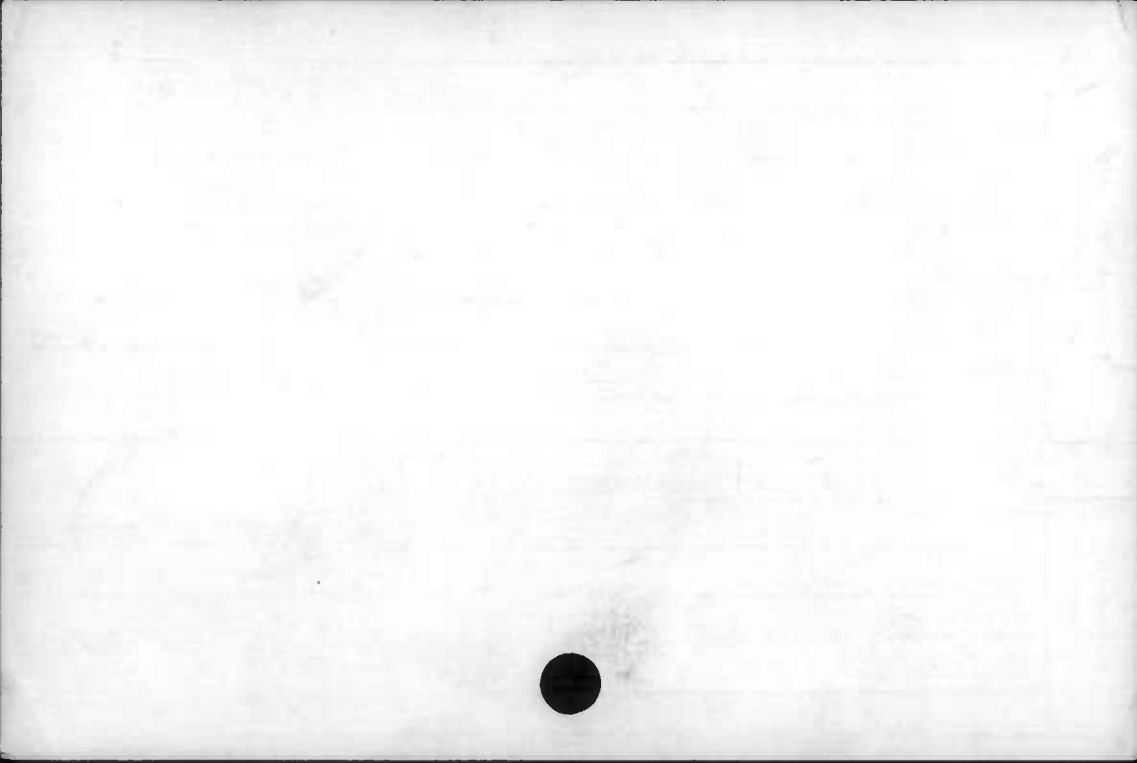
PHYSICIAN
OR CORONER

Primary *Tuberculosis of Lungs* How long *2 years*
 Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. I. Yourtee*
 Address *Brownsville Maryland*

Accident or Suicide



Name
in Full

Mary Ann Jacobs

CERTIFICATE OF DEATH

Died at

Red

County

Washington

MARYLAND

Date

of death 1909

Month

Nov.

Day

7

Age

Years

82

Months

9

Days

8

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Isaac Jacobs

Father's
Name

John Jacobs

Father's
Birthplace

Md.

Mother's
Maiden Name

Elizabeth Mower

Mother's
Birthplace

Pa.

Name of person giving
Information

Malinda Jacobs

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Immediate

General debility

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

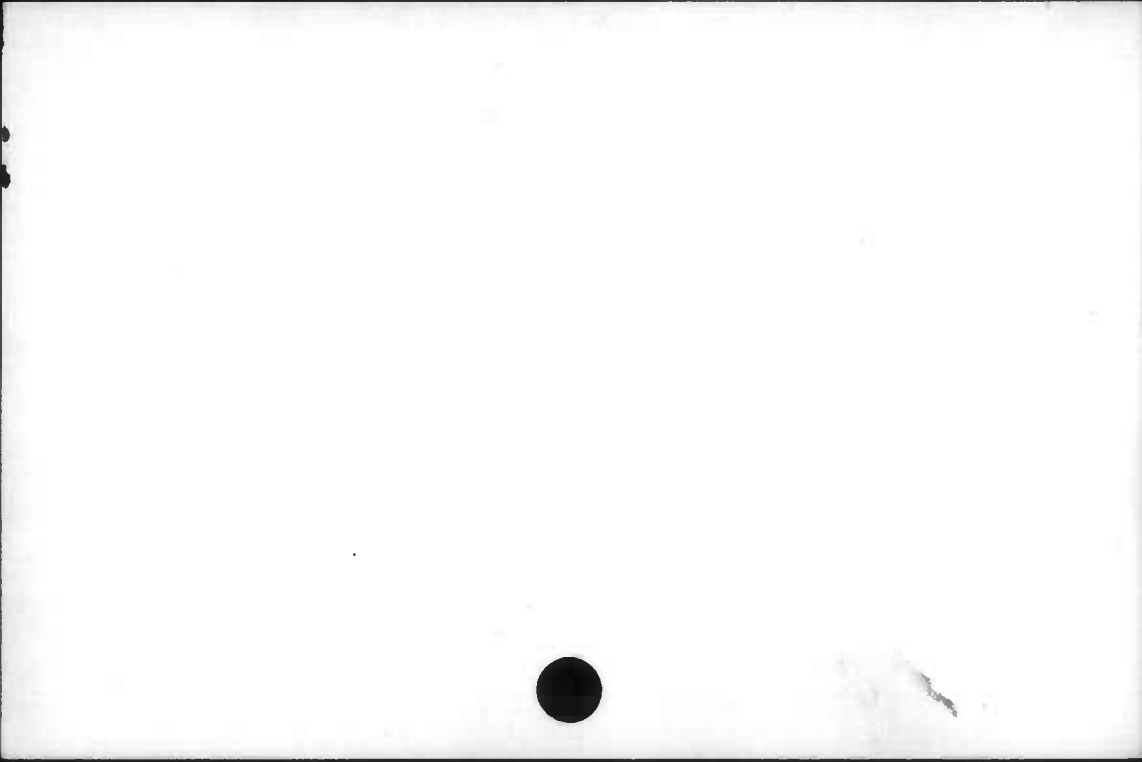
Address

J. H. Wishard
Leitersburg
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Samuel Johnston of J.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

town

Big Pool

County

Wash.

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

11

18

Age

63

8

7

Sex

male

Color or
Race

white

Birth-
place

Penna.

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Annabel Johnston

Father's
Name

John Johnston

Father's
Birthplace

Penna.

Mother's
Maiden Name

Sarah C. Hartman

Mother's
Birthplace

Penna.

Name of person giving
Information

C. E. Johnston

How related
to deceased

son

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

acute indigestion

How long

one hour

Immediate

Heart failure

How long

immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

C. J. Mason,

Address

Clear Spring -

Accident or Suicide

L.M. Suter & Son

Name
in
Full

Elisabeth Goode Keller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1909 ^{Month} Nov ^{Day} 24 ^{Age} ^{Years} ^{Months} ^{Days} 18

Sex Female Color or Race white Birth-place Md.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name J. Edgar Keller

Father's Birthplace Md.

Mother's Maiden Name Mary Mae

Mother's Birthplace Md.

Name of person giving information J. Edgar Keller

How related to deceased Father

CAUSES OF DEATH

(151) ☒

PHYSICIAN
OR CORONER

Primary Premature Delivery

How long 18 days

Immediate Debility

How long

Are the name, age, sex, color, date and place correctly given above?

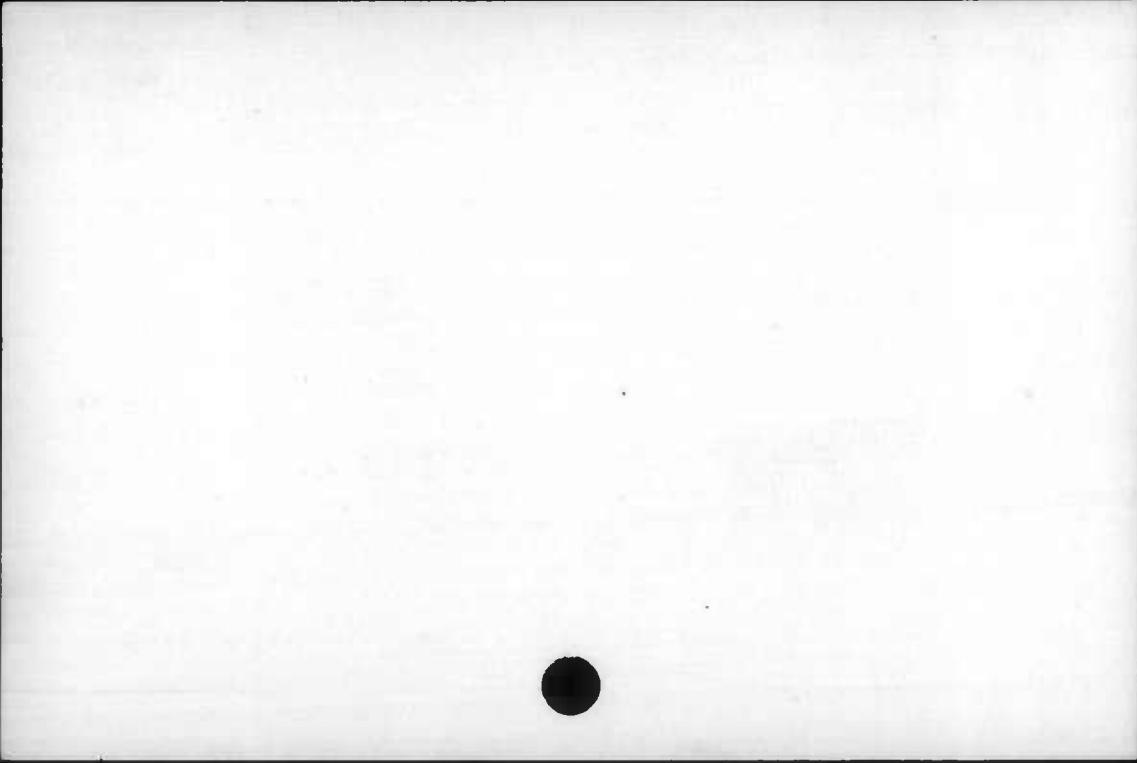
Yes

Signature of Physician

Address

V. M. Reicher, Fair Play.

~~Accident or Suicide?~~



Name
in
Full

CERTIFICATE OF DEATH

Ora Katherine Knepper
Town County

Died at *Hagerstown Wash.*

MARYLAND

Date of death 190 *9* Month *11* Day *13* Age *1* Years Months *1* Days *22*

Sex *female* Color or Race *white* Birth-place *Md.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *single* Name of Wife or Husband _____

Father's Name *C. Chester Knepper*

Father's Birthplace *Md.*

Mother's Maiden Name *Florence E Smith*

Mother's Birthplace _____

Name of person giving Information *C. C. Knepper*

How related to deceased *father*

CAUSES OF DEATH

92

Primary *Broncho Pneumonia -*

How long *5 days.*

Immediate *Asphyxia -*

How long *24 hours.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

John Mueller
Hagerstown, Md.

Address

Accident or Suicide *no*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

L.M. Suter & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Florence LeCraue
Town Hagerstown **County** Washington
Died at Hagerstown **MARYLAND**
Date of death 1909 **Month** Oct **Day** 2 **Age** 67 **Years** **Months** **Days**
Sex Female **Color or Race** White **Birth-place** Md
Occupation Domestic **Where Residing if not at place of death**
Married, Single or Widowed Widowed **Name of Wife or Husband** Jack LeCraue
Father's Name Daniel LeCraue **Father's Birthplace** Md
Mother's Maiden Name Esther Middlekauff **Mother's Birthplace** Md
Name of person giving Information Nora Holland **How related to deceased** Daughter

CAUSES OF DEATH

167

PHYSICIAN
OR CORNER

Primary Scalds (Burns) - Kefasetting tea kettle **How long** Oct 12th 1909
Immediate uraemia & Exhaustion **How long** Since Oct 20
Are the name, age, sex, color, date and place correctly given above? Yes. **Signature of Physician** Victor D. Miller Jr.
Address Hagerstown, Md
Accident no

Coffman
Rose Hill

A. K. Coffman

Name
in
Full

Nancy Maria McLaughlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highfield</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death 1909 ^{Month} <i>Nov.</i> ^{Day} <i>30</i>		Age ^{Years} <i>10</i>		^{Months} <i>—</i> ^{Days} <i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Highfield Md</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>C. Herbert McLaughlin</i>		Father's Birthplace <i>Fairfield Pa</i>			
Mother's Maiden Name <i>Amanda Martha Smith</i>		Mother's Birthplace <i>Blue Ridge Pa</i>			
Name of person giving Information <i>C. L. McLaughlin</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary <i>Scarlet Fever</i>	How long <i>25 days</i>
Immediate <i>Nephritis and Uremia</i>	How long <i>7 "</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

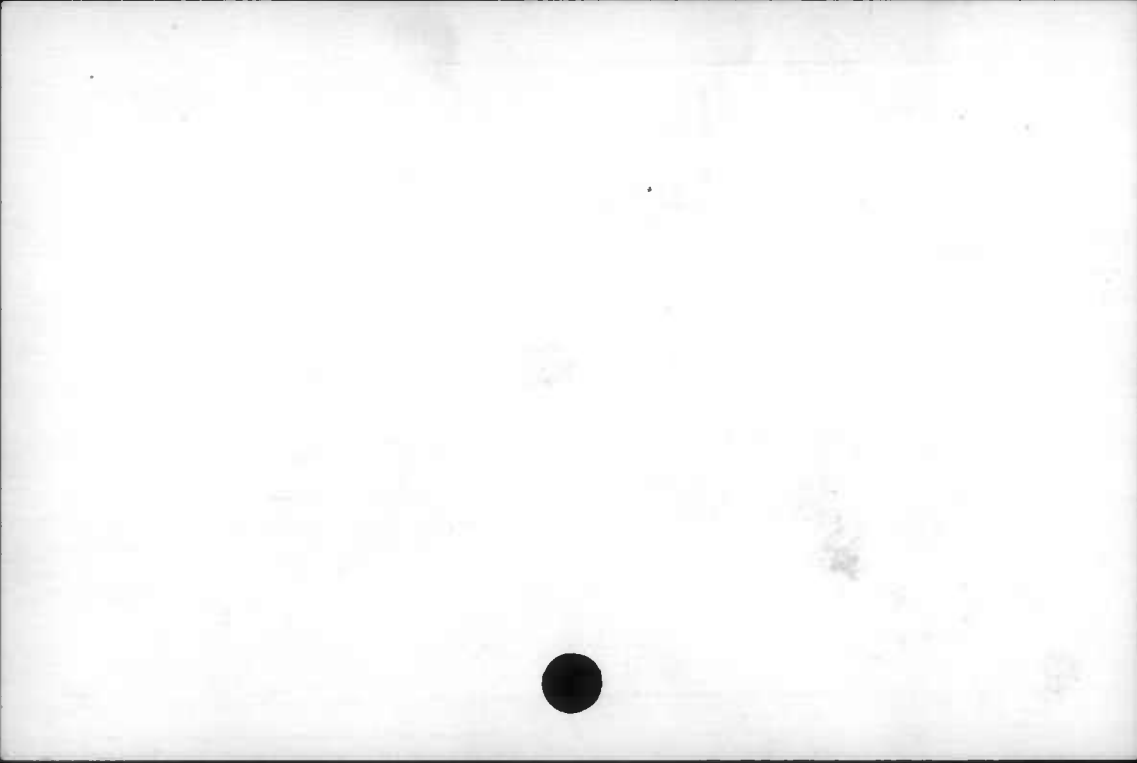
C. L. Wachter

Address

Sabillasville Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Albert Carlton Malott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamsport</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1909	Month	Nov	Day	10
Age	32	Years	9	Months	11
Sex	Male	Color or Race	White	Birth-place	Boonsboro. Md
Occupation	Saloon Keeper		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Georgetta Long		
Father's Name	John Stall Malott		Father's Birthplace	St. James Md	
Mother's Maiden Name	Francis Elizabeth Rend		Mother's Birthplace	Bellevue Md	
Name of person giving Information	Francis E. Rend		How related to deceased	Mother	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Fatty accumulation of heart & dropsy</i>		How long	<i>Three years</i>
Immediate	<i>Heart failure</i>		How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	<i>W. Richardson</i>
		Address	<i>Williamsport Md</i>	
Accident or Suicide		<i>No.</i>		

Nov. 12th 1909.

J. F. Truys

Undertaker

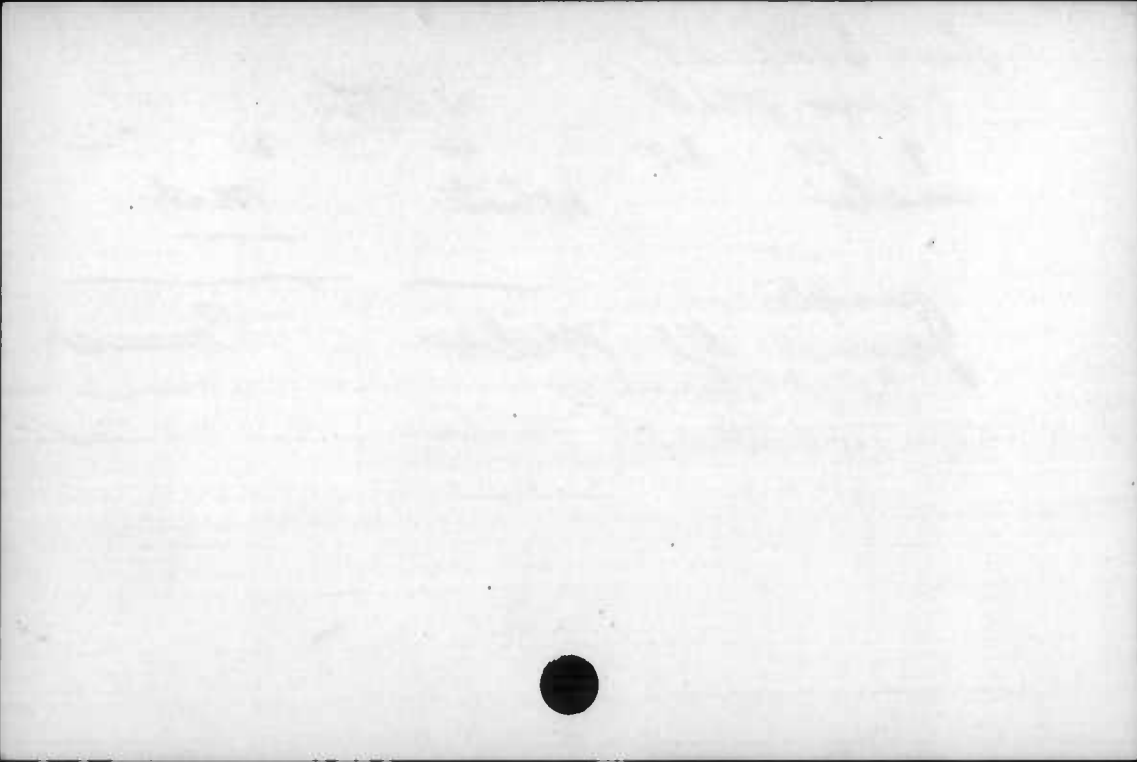
Wilmington Ma

Interred in Riverview Cemetery



Name In Full		Emma M Marks				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Gapland		Washington		MARYLAND			
		Date of death		Month	Day	Years	Months	Days	
		1909 Nov.		27	Age	71	8	24	
		Sex		Color or Race		Birth-place			
		Female		White		Howard Co			
		Occupation		Where Residing if not at place of death					
		Housewife							
Married, Single or Widowed		Name of Wife or Husband							
		Charles A Marks							
Father's Name		Edward Brian				Father's Birthplace			
						Howard Co			
Mother's Maiden Name		Rebecca Treake				Mother's Birthplace			
						Howard Co			
Name of person giving Information		Charles A Marks				How related to deceased			
						Husband			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Articular Rheumatism Endocarditis		How long			
						One year 10 mo.			
		Immediate		In anitine, Exhaustion		How long			
						Thirty days			
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		A. L. Bleeding	
				Address		Brownsville			
						Maryland			
Accident or Suicide?		no							

47



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John D Miller.* Town *Paper Mill* County *Wash.* MARYLAND
Died at
Date of death 190 *9* Month *11* Day *27* Age *4* Years Months *2* Days *—*
Sex *male* Color or Race *white* Birth-place *md.*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*
Father's Name *James W. Miller* Father's Birthplace *Penna.*
Mother's Maiden Name *Ida Boring* Mother's Birthplace *md.*
Name of person giving Information *James W. Miller* How related to deceased *father.*

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary *strychnine poisoning* How long *2 hours*

Immediate *✓ asphyxia* How long *✓*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *John D Miller Jr.*
Address *Kaguston md*
Accident or Suicide *accident*

L.M. Suter & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George W. Bull* Town *Dorrisville* County *Washington* MARYLAND
Died at
Date of death 1909 Nov. 24 Age 69 Months 6 Days 16
Sex *Male* Color or Race *White* Birth-place *Maryland*
Occupation *Farmer* Where Residing if not at place of death _____
Married, Single or Widowed *Widowed* Name of Wife or Husband *Annie Pennell*
Father's Name *John Bull* Father's Birthplace *Virginia*
Mother's Maiden Name *Maria Kendall* Mother's Birthplace *Unknown*
Name of person giving Information *Mrs. James Keselring* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary *Gastric Carcinoma*
Immediate *Exhaustion*
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

How long *1 yr*
How long _____

W. M. Richard
Hair Play

Accident or Suicide ☒



Name
in
Full

Minnie Louisa Mullendore

CERTIFICATE OF DEATH

Diad at Gafland Town Washington County MARYLAND

Date of death 1909 11 3 Age 114 9

Sex Female Color or Race White Birth-place Gafland

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Harry M Mullendore

Father's
Birthplace

Gafland

Mother's
Maiden Name

Attha M Starns

Mother's
Birthplace

Trago

Name of person giving
Information

Harry M Mullendore

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Enteric Cerebral Pneumonia 6 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. C. D. Baker,
Rumours Ind

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

W E Sumner Lov

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born child of D. F. & Marya Mulligan
 Died at Hagerstown ^{Town} Wash. ^{County} MARYLAND
 Date of death 190 9 ^{Month} 11 ^{Day} 18 Age still born ^{Years} still born ^{Months} still born ^{Days}
 Sex Male Color or Race white Birth-place md.
 Occupation Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband
 Father's Name Daniel F. Mulligan Father's Birthplace md.
 Mother's Maiden Name Mary ada Barber Mother's Birthplace md.
 Name of person giving Information D. F. Mulligan How related to deceased father.

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Still born 7/8 No
 Immediate
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician D. F. Mulligan
 Address Hagerstown
 Accident or Suicide No

L.M. Suter & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Annie M. Kicarey* Town *Four miles from Williamsport* County *Washington* MARYLAND
Died at *Four miles from Williamsport*
Date of death 190 *9* Month *Nov.* Day *12* Age *83* Years Months *4* Days *27*
Sex *Female* Color or Race *White* Birthplace *Middleburg, Franklin Co Pa*
Occupation *Housewife* Where Residing If not at place of death _____
Married, Single or Widowed *Widowed* Name of Wife or Husband *Jacob Kicarey*
Father's Name *David Kicarey* Father's Birthplace *Franklin Co Pa*
Mother's Maiden Name *Margaret Beck* Mother's Birthplace *Don't know*
Name of person giving Information *Catharine Kirk* How related to deceased *Daughter*

CAUSES OF DEATH

92

PHYSICIAN
OR CORNER

Primary *Croupous pneumonia* How long *6 days*
Immediate *Heart failure* How long *12 hours*
Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Mary D. Laughlin*
Address *Hagerstown, Md.*
Accident or Suicide

J. M. Miller
Undertaker
Kilbuckpost
Ind.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Catharine V. Sunamaker		Town Bakersville		County Washington		MARYLAND	
Died at		Bakersville		Washington					
Date of death		1902		Month Dec.		Day 17		Age 50	
Sex		Female		Color or Race		White		Birth- place	
Occupation		Housekeeper		Where Residing if not at place of death				Fred. Co. Ind.	
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Jesse Sunamaker		Father's Birthplace		Adams Co. Pa.			
Mother's Maiden Name		Catharine Rhodes		Mother's Birthplace		" " "			
Name of person giving Information		David Sunamaker		How related to deceased		Brother			

CAUSES OF DEATH

Primary	Tuberculosis	How long	Several years
Immediate	Exhaustion	How long	

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

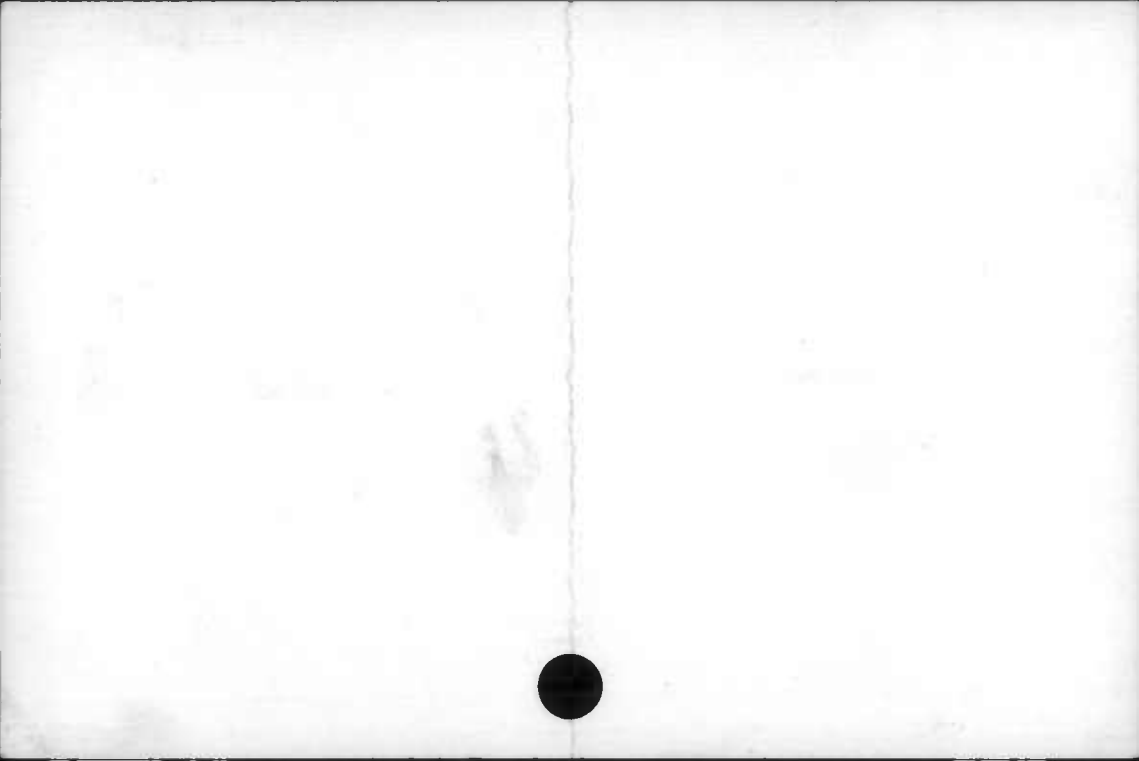
S. H. Gardner

Address

Sharpsburg Md

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER

Name *Jack Fontaine Reeder*
Town *Hagerstown* **County** *Washington* **MARYLAND**
Died at *Hagerstown* *Washington*
Date of death 190 *9* **Month** *11* **Day** *10* **Age** *29* **Years** *-* **Months** *-* **Days** *29*
Sex *Male* **Color or Race** *White* **Birth-place** *MD*
Occupation *Farmer* **Where Residing if not at place of death** *MD*
Married, Single or Widowed *Married* **Name of Wife or Husband** *Rellie Louyancher*
Father's Name *Scott K. Reeder* **Father's Birthplace** *MD*
Mother's Maiden Name *Sarah E. Morgan* **Mother's Birthplace** *MD*
Name of person giving Information *Rellie Reeder* **How related to deceased** *Wife*

CAUSES OF DEATH

Primary *Infection of heel from wound* **How long** *3 weeks*
Immediate *Septicemia + Pyemia* **How long** *3 weeks*
Are the name, age, sex, color, date and place correctly given above? *Yrs* **Signature of Physician** *Dr. Dyman*
Address *Hagerstown, MD*
Accident or Suicide *No*

Coffman
Boswell

A. K. Coffman

12

12

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER

Name *Mary Ellen Thinger*
Town *Hagerstown* County *Washington*

MARYLAND

Died at *Hagerstown*

Date

of death 1904

Month *11*

Day *3*

Age

Years *72*

Months *9*

Days *1*

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Benjamin D. Thinger

Father's
Name

John J. Thinger

Benjamin

Father's
Birthplace

Md

Mother's
Maiden Name

Susan

Coak

Mother's
Birthplace

Md

Name of person giving
Information

Lottie

Keefe

How related
to deceased

adopted daughter

CAUSES OF DEATH

Primary

Heart Disease

How long

79
Several years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. P. Scott
Hagerstown,
Md

Accident or Suicide

L.M. Watkins

Name
in
Full

Corra Rose

CERTIFICATE OF DEATH

Died at ^{Town} near Eankles' Mills ^{County} Washington

MARYLAND

Date of death 1909 Nov 24 Age 18 Years 92 Months 2 Days

Sex Female Color or Race Colored Birth-place near Prego, Md.

Occupation Maid Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Thomas Rose Father's Birthplace North Carolina

Mother's Maiden Name Malinda Patterson Mother's Birthplace near Crossville

Name of person giving information How related to deceased

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long 6 months

Immediate Heart complications with above How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Richard H. Rice M.D.
Kedysville
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Chas. S. Wade
undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Helen M Rothstein* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* *Washington*

Date of death 1909 Month *11* Day *26* Age *80* Years Months *2* Days *2*

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *Housework* Where Residing if not at place of death *Germany*

Married, Single or Widowed *Widow* Name of Wife or Husband *Wm Rothstein*

Father's Name *No Record of* Father's Birthplace *Germany*

Mother's Maiden Name *" "* Mother's Birthplace *Germany*

Name of person giving Information *Augustus Rothstein* How related to deceased *Son*

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary *Cancer of both breasts* How long *3 years*

Immediate *Exhaustion* How long *several months*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Edell Ragau*

Address *Hagerstown*

Accident or Suicide *No*

Coffman

London Post Balto

A.K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Samuel Harry Ruthrauff

Died at *Williamsport* ^{Town} *Washington* ^{County}

MARYLAND

Date of death 190 ⁹ *Nov* ⁶ *6* Age ² *2* ^{Months} *8* ^{Days} *27*

Sex *Male* Color or Race *White* Birth-place *Williamsport Md*

Occupation *Sailor* Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Augusta C Ruthrauff* Father's Birthplace *Franklin Co Pa*

Mother's Maiden Name *Ella C Corby* Mother's Birthplace *Williamsport*

Name of person giving Information *A C Ruthrauff* How related to deceased *Father*

CAUSES OF DEATH

Primary *Typhoid Fever* How long *4 weeks*

Immediate *Septicaemia* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. S. Guther* Address *Williamsport*

PHYSICIAN
OR CORONER

Accident or Suicide

Interred in Riverview Cemetery
November 9th 1909. By J. F. Kreps.
Undertaker of
Williamsport
Md.

Name
in Full

CERTIFICATE OF DEATH

Mrs. Mary Ellen Smith

Died at

Smithsburg

Washington

MARYLAND

Date

of death

1909 Nov.

Day 3

Age

Years 79

Months 2

Days 6

Sex

Female

Color or
Race

White

Birth-
place

Petersville Ind.

Occupation

Housewife

Where Residing if not
at place of death

Rev. Edward Smith

Married, Single
or Widowed

Married

Name of Wife or
Husband

Rev. Edward Smith

Father's
Name

Thomas Winter

Father's
Birthplace

Penn.

Mother's
Maiden Name

Elizabeth Fortney

Mother's
Birthplace

Maryland

Name of person giving
Information

Edward S. Lambert

How related
to deceased

Aunt

CAUSES OF DEATH

120

Primary

Chronic Bright Disease

How long

8 yrs

Immediate

Uremia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

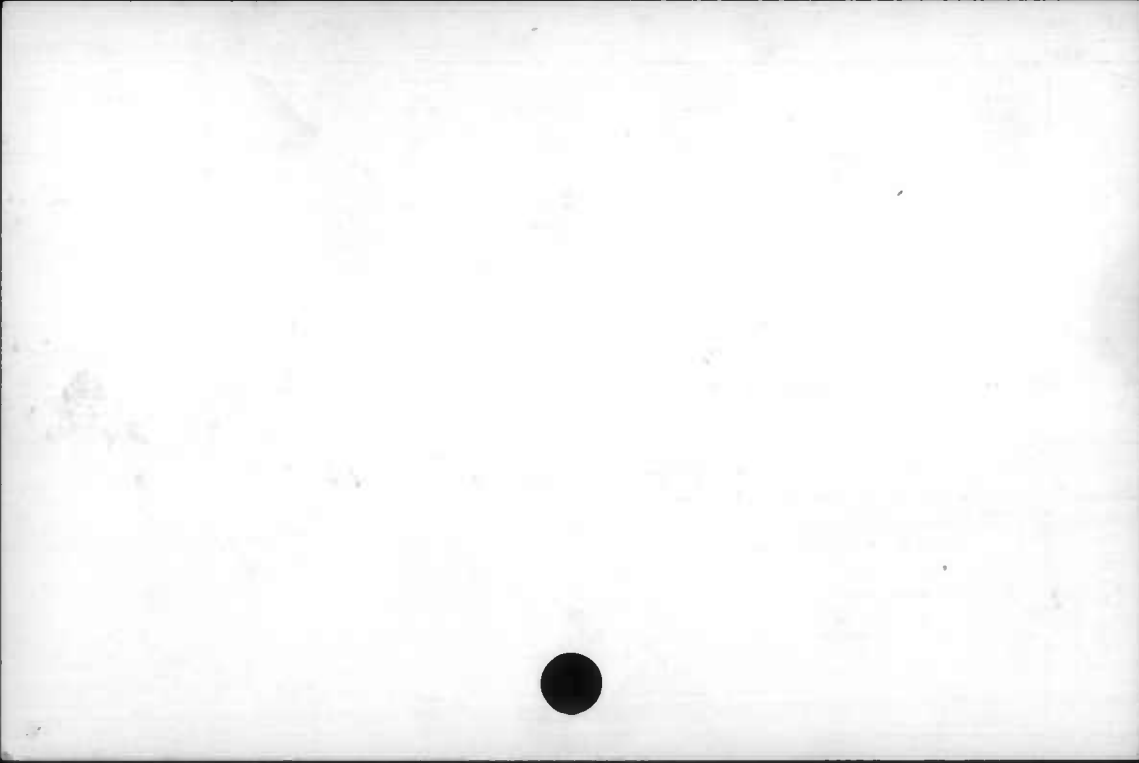
Dr. McKinnis

Address

Smithsburg
Ind.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

M. L. Snavelly
 Town *Hagerstown* County *Washington*
 Died at *Hagerstown*

MARYLAND

Date

of death

1909 Nov.

Month

Day

4

Years

Age 29

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*M.S.*

Occupation

*R. R. Brokerman*Where Residing if not
at place of death*Hagerstown*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*William Snavelly*Father's
Birthplace*MD*Mother's
Maiden Name*Annie Leatherman*Mother's
Birthplace*LI*Name of person giving
Information*Mrs James Reynold*How related
to deceased*sister*

CAUSES OF DEATH

Primary

R. R. Accident

How long

164

Immediate

Neck broken & Skull fracture

How long

*Instant*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

H. H. Owen M.D.
Hagerstown
MD.

Accident or Suicide

*Accident*PHYSICIAN
OR CORONER

Shapburg

L.M. Suter & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Gene M. Snyder* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* *Washington*

Date of death 1909 *11* Month *22* Day Age *73* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Pa*

Occupation *Domestic* Where Residing if not at place of death

Married, Single or Widow *Widow* Name of Wife or Husband *John Snyder*

Father's Name *Jacob Damm* Father's Birthplace *Pa*

Mother's Maiden Name *No Record of* Mother's Birthplace *Pa*

Name of person giving Information *Charles E. Rowe* How related to deceased *Son of Law*

CAUSES OF DEATH

Primary *Lobar Pneumonia* How long *5 days*

Immediate *Infection* How long *one day*

Are the name, age, sex, color, date and place correctly given above? *yes -* Signature of Physician *L. M. Werby*

Address *Hagerstown*

Accident or Suicide

PHYSICIAN
OR CORONER

Leopold
Shiloh

A.K. Coffman.

Name
in Full

Stillborn Spigler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 1909 ^{Month} <i>Nov</i> ^{Day} <i>14</i>		Age <i>—</i> ^{Years} <i>—</i> ^{Months} <i>—</i> ^{Days} <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hagerstown</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>George B Spigler</i>		Father's Birthplace <i>Hagerstown</i>			
Mother's Maiden Name <i>Pearl J Barr</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>George B Spigler</i>		How related to deceased <i>Father</i>			

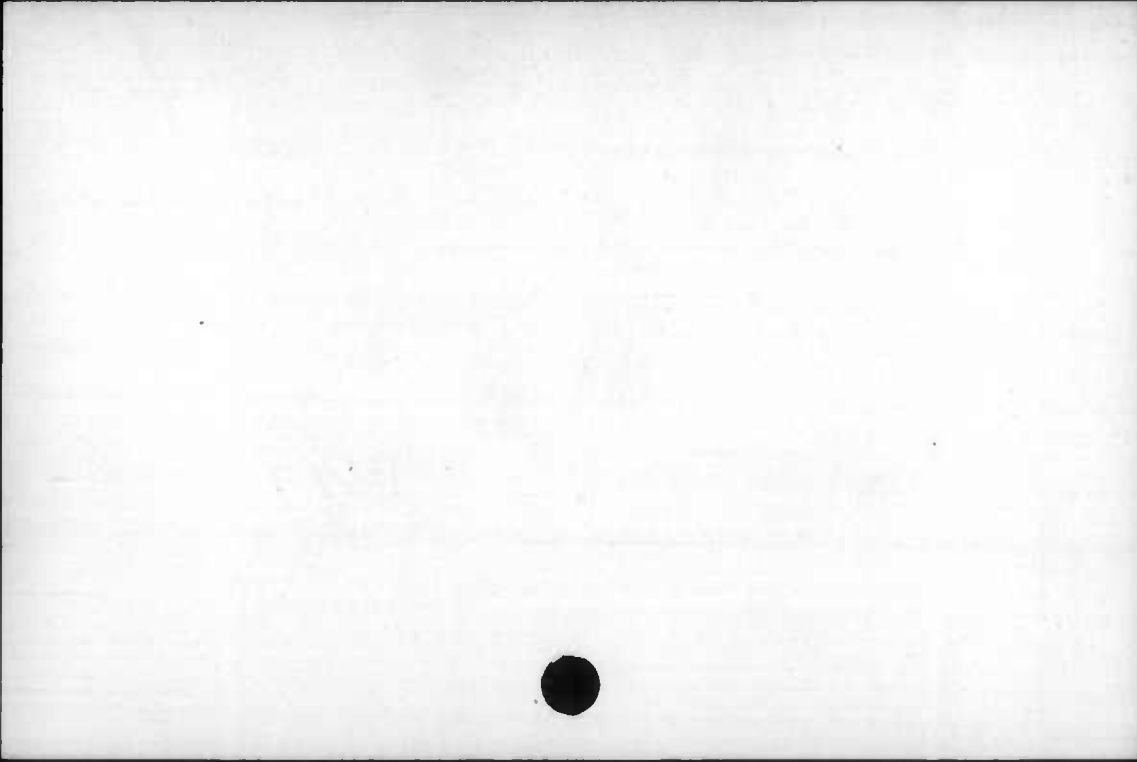
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long <i>8</i>
Immediate	<i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>W B Monson</i>
		Address <i>Hagerstown Md</i>
Accident or Suicide	<i>no</i>	

Keller Looman

Name in Full		Donald Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Spillman		Town		Wash	
	Date of death	1909	Nov.	9	Day	Years	Months
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Earl Thomas		Father's Birthplace		Md	
	Mother's Maiden Name	Ada A. Shipley		Mother's Birthplace		Md	
Name of person giving information	Earl Thomas		How related to deceased		Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Premature delivery				How long	151
	Immediate	Debility				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					Fair Play.		
Accident or Suicide?							



Name in Full James Wilson Walker		CERTIFICATE OF DEATH W.Va MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Died at Opequan Town Berkley County		
	Date of death 1909	Month Nov	Day 5 Age 18 Years Months 1 Days 3
	Sex Male	Color or Race white	Birth-place Baltimore
	Occupation R. R. track hand	Where Residing if not at place of death Dandy Hook Md	
	Married, Single or Widowed single	Name of Wife or Husband	
	Father's Name Eli Walker	Father's Birthplace Illinois	
	Mother's Maiden Name Emma F. Patton	Mother's Birthplace Md	
Name of person giving information Eli Walker		How related to deceased Father	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Accident	How long 166	
	Immediate Run over by train	How long immediate	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician B B Ranson	
		Address Harkers Ferry	
	Accident or Suicide? 2	W. Va	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas Welsh

Died at Sharpsburg ^{Town} Washington ^{County.} MARYLAND

Date of death 1904 Nov. ^{Month} 18 ^{Day} Age 56 ^{Years} 6 ^{Months} 10 ^{Days}

Sex Male Color or Race White Birth-place Maryland

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Fannie Hammond

Father's Name Henry Welsh Father's Birthplace Ireland

Mother's Maiden Name Mary Keeney Mother's Birthplace Ireland

Name of person giving Information Mrs. Otto Poffenberger How related to deceased Sister

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary Bone Tuberculosis How long Several years.

Immediate

Are the name, age, sex, color, date and place correctly given above?

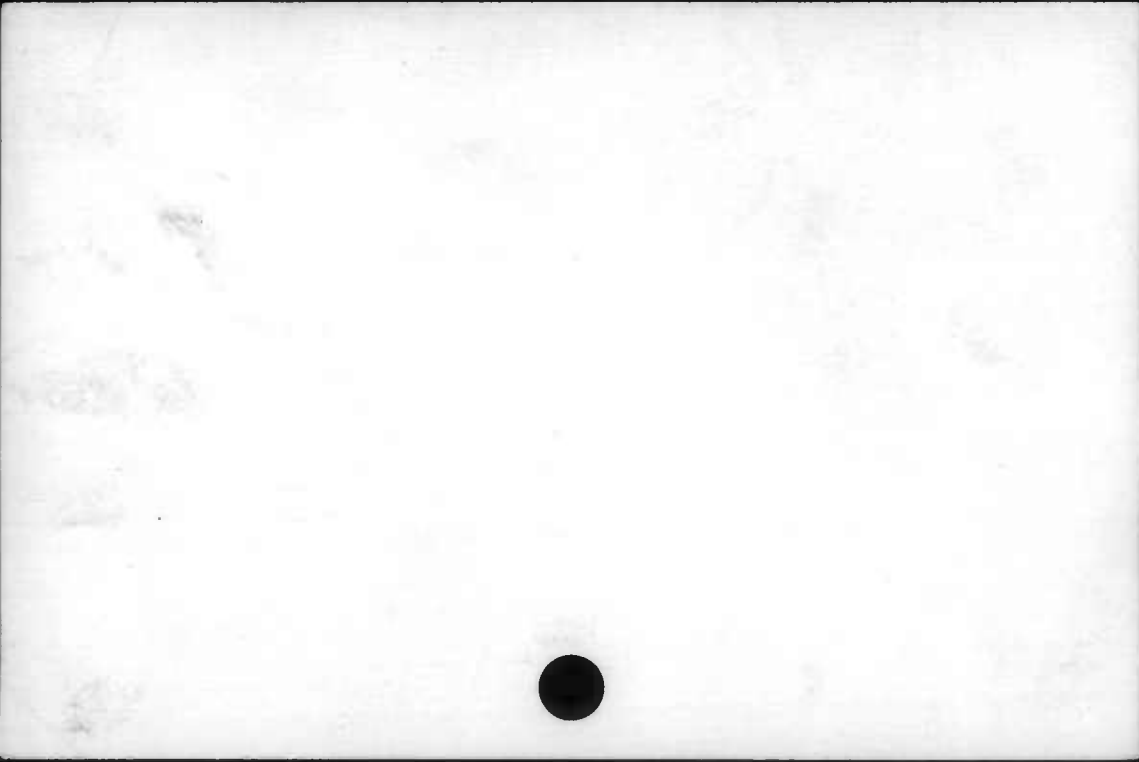
Yes.

Signature of Physician

Address

E. H. Garrett,
Sharpsburg, Md.

Accident or Suicide



Name
in
Full

Edward Love Williamson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Williamsport,		^{County} Washington		MARYLAND	
Date of death	1909	Month	Nov.	Day	6
Sex		Male	Color or Race	White	Birth-place
Occupation		Clerk B. & O. R.R.	Where Residing if not at place of death		Brunswick Md.
Married, Single or Widowed	Married	Name of Wife or Husband		Louise Sidestricker	
Father's Name	George Delaware Williamson			Father's Birthplace	Huntsville
Mother's Maiden Name	Susan Colborne Love			Mother's Birthplace	Cork, Ireland
Name of person giving information	S. C. Masters			How related to deceased	Mother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	one year
Immediate	Exhaustion	How long	one week
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		W. R. Richardson	
Address		Williamsport Md.	
Accident or Suicide?		No.	

Interred in Nov, 8th 1909

Reveries Cemetery by.

J. F. Krebs.

Undertaker

Williamsport, Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John H. Wolf</i>		Town <i>Frankston</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>11</i>		Day <i>16</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>4</i>		Years <i>10</i>	
Occupation <i>no</i>		Birth-place <i>Frankston</i>		Months <i>4</i>		Days	
Where Residing if not at place of death <i>Frankston</i>		Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William D. Wolf</i>		Father's Birthplace <i>Frankston</i>		Mother's Maiden Name <i>Sadie B. Davis</i>		Mother's Birthplace <i>Bakerfield</i>	
Name of person giving information <i>William D. Wolf</i>		How related to deceased <i>Fratter</i>					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>		How long <i>2 days S-</i>	
Immediate <i>Asphyxia & heart exhaustion</i>		How long <i>1 day.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. F. S. Newcomer</i>	
		Address <i>Frankston, Md.</i>	
Accident or Suicide?			

